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& PRESSER, P.C.****Fax****To:** Examiner Matthew John Kasztejna
Art Unit: 3739**From:** Thomas Spinelli, Esq.
Registration No.: 39,533**Fax:** 571-273-8300**Pages:** 12**Phone:** 571-272-6086**Date:** November 30, 2006**Re:** USSN: 10/690,404
Our Docket: 17136**CC:****RESPONSE TO THREE-MONTH OFFICE ACTION**

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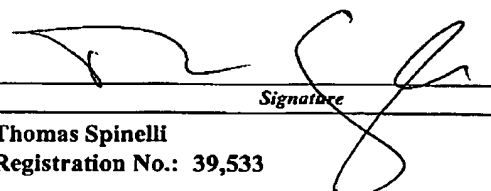
Applicant: Hiroki Moriyama
Serial No.: 10/690,404
For: ENDOSCOPE
Filed: October 21, 2003
Docket: 17136
Dated: November 30, 2006
TS:cm

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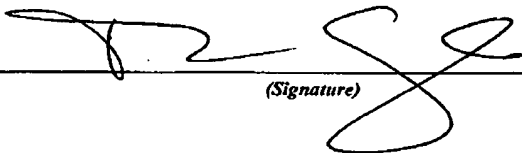
PAGE 2/12 * RCVD AT 11/30/2006 6:28:46 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-5/8 * DNIS:2738300 * CSID:5167424366 * DURATION (mm-ss):02-24

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17136	
Applicant(s): Hiroki Moriyama						
Application No. 10/690,404	Filing Date October 21, 2003	Examiner Matthew John Kasztejna	Customer No. 23389	Group Art Unit 3739	Confirmation No. 5953	
Invention: ENDOSCOPE						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	17	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature Thomas Spinelli Registration No.: 39,533			Dated: November 30, 2006 <div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
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NOV 30 2006

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Hiroki Moriyama			17136
Application No. 10/690,404	Filing Date October 21, 2003	Examiner Matthew John Kasztejna	Group Art Unit 3739
Invention: ENDOSCOPE			
Confirmation No.: 5953			
I hereby certify that this _____ <div style="text-align: center;">RESPONSE</div> <div style="text-align: center;"><small>(Identify type of correspondence)</small></div> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-8300) on _____ November 30, 2006 <div style="text-align: center;"><small>(Date)</small></div>			
_____ Thomas Spinelli <div style="text-align: center;"><small>(Typed or Printed Name of Person Signing Certificate)</small></div>			
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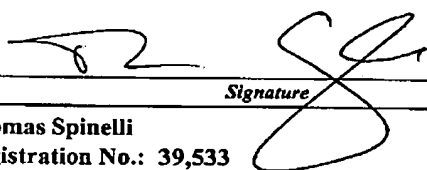
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Application No. 10/690,404	Filing Date October 21, 2003	Examiner Matthew John Kasztejna	Customer No. 23389	Group Art Unit 3739	Confirmation No. 5953									
Invention: ENDOSCOPE														
COMMISSIONER FOR PATENTS:														
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.														
CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	17	20	0	x \$50.00	\$0.00									
INDEP. CLAIMS	2	3	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 Signature Thomas Spinelli Registration No.: 39,533			Dated: November 30, 2006											
CC:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td style="width: 50%;">(Date)</td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		Signature of Person Mailing Correspondence		Typed or Printed Name of Person Mailing Correspondence	
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Hiroki Moriyama	Examiner:	Matthew John Kasztejna
Serial No:	10/690,404	Art Unit:	3739
Filed:	October 21, 2003	Docket:	17136
For:	ENDOSCOPE	Dated:	November 30, 2006
Conf. No.:	5953		

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
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RESPONSE

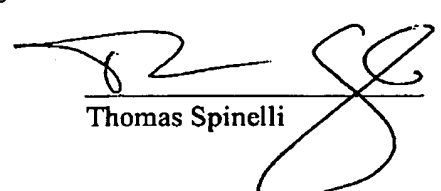
Sir:

In response to the Official Action dated August 30, 2006, Applicant respectfully requests reconsideration of the above-identified application in light of the following amendments and remarks:

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Dated: November 30, 2006


Thomas Spinelli

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